

UnitedHealthcare Medicare Advantage Coverage Summary Update Bulletin: September 2022

Access a policy listed below for complete details on the latest updates. A comprehensive summary of changes is provided at the bottom of every policy document for your reference. To view a detailed version of this bulletin, click [here](#).

Coverage Summary Updates

Policy Title	Status	Approval Date
Breast Reconstruction Following Mastectomy	Replaced	Aug. 3, 2022
Cardiac Procedures: Pacemakers, Pulmonary Artery Pressure Measurements and Ventricular Assistive Devices	Revised	Aug. 3, 2022
Chelation Therapy	Replaced	Aug. 3, 2022
Cosmetic and Reconstructive Procedures	Revised	Aug. 3, 2022
Dental Services, Oral Surgery and Treatment of Temporomandibular Joint (TMJ)	Revised	Aug. 3, 2022
Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics), Nutritional Therapy and Medical Supplies Grid	Revised	Aug. 3, 2022
Foot Care Services and Supportive Devices	Revised	Aug. 3, 2022
Impotence Treatment	Replaced	Aug. 3, 2022
Laboratory Tests and Services	Revised	Aug. 3, 2022
Medications/Drugs (Outpatient/Part B)	Revised	Aug. 3, 2022
Neurologic Services and Procedures	Revised	Aug. 3, 2022
Neurophysiological Studies	Replaced	Aug. 3, 2022
Neuropsychological Testing	Replaced	Aug. 3, 2022
Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery)	Revised	Aug. 3, 2022
Oxygen for Home Use	Revised	Aug. 3, 2022
Prostate Services and Procedures and Impotence Treatment	Revised	Aug. 3, 2022
Respiratory Therapy, Pulmonary Rehabilitation and Pulmonary Services	Revised	Aug. 3, 2022
Shoes and Foot Orthotics	Replaced	Aug. 3, 2022
Ventricular Assist Device (VAD) and Artificial Heart	Replaced	Aug. 3, 2022
Vision Services, Therapy and Rehabilitation	Revised	Aug. 3, 2022

General Information

The inclusion of a health service (e.g., test, drug, device or procedure) in this bulletin indicates only that UnitedHealthcare has recently adopted a new policy and/or updated, revised, replaced or retired an existing policy; it does not imply that UnitedHealthcare provides coverage for the health service. In the event of an inconsistency or conflict between the information provided in this bulletin and the posted policy, the provisions of the posted policy will prevail. Note that most benefit plan documents exclude from benefit coverage health services identified as investigational or unproven/not medically necessary. Physicians and other health care professionals may not seek or collect payment from a member for services not covered by the applicable benefit plan unless first obtaining the member's written consent, acknowledging that the service is not covered by the benefit plan and that they will be billed directly for the service.

UnitedHealthcare respects the expertise of the physicians, health care professionals, and their staff who participate in our network. Our goal is to support you and your patients in making the most informed decisions regarding the choice of quality and cost-effective care, and to support practice staff with a simple and predictable administrative experience. The Policy Update Bulletin was developed to share important information regarding UnitedHealthcare Medicare Advantage Coverage Summary updates. When information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law.

Note: The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable CMS, federal, or state regulatory requirements. Additionally, UnitedHealthcare reserves the right to review the clinical evidence supporting the safety and effectiveness of a medical technology prior to rendering a coverage determination.

Policy Update Classifications

New

New coverage guidelines have been adopted for a health service (e.g., test, drug, device or procedure)

Updated

An existing policy has been reviewed and changes have not been made to the coverage guidelines; however, items such as the definitions or references may have been updated

Revised

An existing policy has been reviewed and revisions have been made to the coverage guidelines

Replaced

An existing policy has been replaced with a new or different policy

Retired

An existing policy has been retired because national and local coverage determinations from the Centers for Medicare and Medicaid Services (CMS) are no longer available or the applicable coverage guidelines are documented in another policy



The complete library of UnitedHealthcare Medicare Advantage Coverage Summaries is available at UHCprovider.com > Policies and Protocols > Medicare Advantage Policies > Coverage Summaries.